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CASES OF RETAINED PLACENTA.

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[Communicated for the Boston Medical and Surgical Journal.]

CASE I.—Abortion—Placenta retained—No ill Effects.—On 1st September, 1822, Mrs. S. had an abortion, having menstruated about the middle of May, it being the only time since the birth of a child. The fetus was expelled, but the placenta retained. The umbilical cord remained attached to placenta for about twenty-four hours, then separated. No fetor or offensive discharge followed. The woman recovered her health in the usual time, no unpleasant effects appearing at any time; nor was anything which could have been suspected to be the secundines, at any time observed. The woman lived many years, and bore four children.

CASE II.—Abortion—Placenta retained—Subsequent Hemorrhage and Death.—Lucy, aborted on 10th May, 1840, being three months pregnant; the fetus expelled, but no secundines. She seemed to improve about as well as usual after such accidents, and had returned to her employer, and been engaged in her daily work, when on 15th June she was seized with a violent flooding. It was supposed she lost a gallon of blood in a very short time, and a great deal subsequently. I saw her on 17th, when the hemorrhage had nearly ceased, but she was stupid; great paleness of the mucous membrane of the mouth; paralysis of the lower limbs; pulse rather full, but irritable. Continued to sink until death, which took place on the 21st. Stupor, and paralysis of the lower limbs and of the bladder, continued till death.

CASE III.—Abortion—No Secundines found—Subsequent Hemorrhage.—August 15th, 1847, I was desired to visit Mrs. C., who I found had lost a good deal of blood from the uterus; was doubtful as to pregnancy. Upon examining the coagula, found a fetus apparently of about two months, which corresponded with her history of her menstruation. No secundines could be found. 17th—The hemorrhage, which had nearly ceased from the expulsion of the fetus, recurred very freely, and continued for some hours, and then abated. I examined a considerable quantity of the coagula, but could detect no placenta; but I had not an opportunity to examine all the coagula. As the hemorrhage had subsided, and as nothing could be felt at the mouth of the uterus, I

felt justified in hoping all had passed. She went on very much as is common after abortions, except that a slight discharge continued, until 3d September, when an alarming amount of hemorrhage again took place. Still nothing was to be found at the os uteri. The sponge, impregnated with vinegar, was used, and powders of lead, ipecac. and opium administered; which seemed to arrest the flooding. When removed, the sponge had a very offensive smell, and was colored black, which could not be washed off. A small, but very offensive discharge continued about a week, for which injections of chamomile tea, with a particle of lime infused, were used.

Remarks.—These cases have caused considerable reflection in my mind. It would seem, from what I have read upon the subject, that the retention of the secundines, at an early period of pregnancy, need not give rise to any apprehension of danger. Thus, Rigby (*System of Midwifery*, p. 359), says—"Cases of abortion have occasionally been observed, where the embryo has escaped, but the secundines have never come away, although the discharges, &c., have been watched with the greatest attention. After a time, the menses have returned, the patient has again become pregnant, and has passed through her labor at the full term, without anything unusual occurring." Nothing is intimated that unpleasant consequences ever follow. It is true, that a case is mentioned in the *American Journal of Medical Sciences*, v. iv., p. 511, in which it is said, "the lady remained in indifferent health for three months," when the secundines were expelled. But I am not aware of any case on record in which serious and alarming symptoms have supervened. Is such the experience of the profession? or have cases been lost sight of, and considered as having done well, because nothing more was heard of them? Have I been less fortunate than others? or am I wrong in having attributed the hemorrhage which occurred in two out of three cases, which I have seen, to the retention of the placenta? I have always supposed that the hemorrhage and death in case 2d was occasioned by the retention, although the woman was thought, and considered herself, well, and had returned to her ordinary labor. I am every way satisfied in my own mind, that the hemorrhage in the 3d case was owing to a retention, proved sufficiently, I think, by the offensiveness of the discharge, and the discoloration of the sponge used as a tampon. Therefore it appears to me that the condition of the woman, with retained secundines, even at an early month, is not so safe as is supposed by many. How is this state of things to be obviated? Truly I do not know. No one, I presume, would feel authorized to poke a hook into the uterus, with no guide to direct him; and the cavity of the uterus is too small to admit of any manual operations. The only alternative which I perceive is to use the ergot. This may sometimes succeed, but I know it to have failed.

CASE IV.—Protracted Labor—Retained Placenta—Hemorrhage.—Mrs. C., the subject of the last case, was delivered of a large child, after a tedious labor, at 3½ o'clock, P. M., October 17th, 1834. The placenta not coming readily, and considerable hemorrhage existing, I

used, for want of ergot, acet. plumbi, ipecac. and opii, with frictions to abdomen, warmth to feet, and volatiles. At 6 o'clock, nothing having been gained, I introduced my hand, and found a partially separated placenta, adherent to the fundus uteri, it being uncontracted. By pressing moderately on the adherent portion of the placenta, and by insinuating the points of the fingers under the free edges, I effected a separation. After moving the placenta about for some time, rubbing it against the walls of the uterus, I extracted it. Hemorrhage continued free for some time; but eventually subsided under the use of frictions and the pills of lead, ipecac. and opii.

Remarks.—This is the only case of adherent placenta which has occurred to me in a practice of 28 years; if we except one which I found attached to an inverted uterus. I was guilty of mal-practice in this case, in separating and extracting the placenta before the uterus had properly contracted; and thereby exposed the woman to unnecessary hazard from hemorrhage. It is true, that I kept my hand in the uterus some time, and employed friction on the surface of the uterus; but I should have continued it until contraction took place.

CASE V.—Placenta retained by Premature Contraction of the Os Uteri. June 15, 1827, was desired to see Mrs. R., who had been delivered of her first child fifteen hours—placenta retained. Upon inquiry, I learned that the placenta had been felt at the mouth of the uterus soon after the birth of the child, but would not come away—that the umbilical cord had given way during the efforts at extraction—that a loop had been fixed over the remaining portion. Upon examination, I found it just so. The insertion of the cord into the placenta offered directly at the middle of os uteri—the mouth itself very much contracted. By gently dilating it, I was enabled to get two fingers up by the side of the placenta, and fixing them in it, turn one edge down and extract it. The woman declared that the pain of this operation was equal to that of labor.

CASE VI.—Placenta retained by Premature Contraction of Os Uteri.—August 26, 1833, I saw a negro woman under the care of Dr. D., who had been delivered of her first child three days, the placenta retained. I found the funnel-shaped portion at the os uteri; no lochial discharge, but a very offensive fetor; slightly feverish, but no pain. A scruple of ergot was given, which produced considerable pains, which, however, produced no effect on the placenta. Waiting several hours, and finding matters no better, I introduced my hand into the uterus, and hooking my forefinger into the body of the placenta and embracing it firmly with the others, I succeeded in extracting it. This required considerable time, as the mouth and body of the uterus were firmly contracted. Some idea of the firmness of the contraction may be formed, when I state, that two months elapsed before my hand had recovered entirely from the compression which it underwent whilst in the uterus. It is perhaps proper to remark, that I was in delicate health at the time, which may have prevented a more speedy abatement of these effects.

Remarks.—It has been a rule in my obstetrical practice (inculcated

by Prof. Hall, of the University of Maryland), as soon as I have disposed of the child, to take the cord in my left hand as a director, and run the finger of my right along it to the os uteri; if I find the funnel-shaped portion of the placenta there, insert a finger and hook it over the edge and bring it down, and deliver it at once. Pursuing this course, I have not had, perhaps, a dozen placenta expelled by the uterus exclusively, during my practice. From this practice I have at no time seen any inconvenience. On the contrary, it relieves the woman from that state of dread and perturbation, which is almost sure to take place if the placenta is not removed in a short time after the birth of the child. I do not know that this course was admissible in the last two cases; but from the statement of the gentleman in attendance upon the first, I am induced to believe it would have been in that case.

In case 6th, the ergot failed to do any good, although it evidently produced a good deal of suffering. That it would have failed, if repeatedly used, I cannot say. Dr. Dewees speaks strongly of his confidence in its powers. To be sure, that confidence was founded on analogy of its action in expelling the secundines after abortion. Dr. Porcher, however, of South Carolina (*American Journal Medical Sciences*, v. x., p. 391), shows that it cannot *always* be depended on. Dr. Jackson, too, of Northumberland, Pa. (*Medical Recorder*, v. xv., p. 362), argues against not only the efficacy, but the safety of the article in these cases. Let us look into the state of the uterus, and consider the effects of the medicine. The os uteri was firmly contracted; of course it must be dilated before the placenta could be expelled. Will the ergot cause that dilatation? I presume most men will say, that although it may produce this effect, yet we cannot calculate upon it with certainty—that it will frequently fail. If it does not produce that effect, it adds to the difficulty, by diminishing the cavity of the uterus, and also of its mouth, in consequence of producing a general contraction of the uterine fibres. If the intention is to introduce the hand if the ergot fail, we ought to change our purpose, and introduce the hand in the first instance; because the use of the ergot will inevitably increase the difficulty of the manual operation. If this view is correct, Dr. Dewees's advice to use ergot first is incorrect; and I doubt not but that I had much greater difficulty than I should otherwise have had, in consequence of following his directions.

Was it necessary to introduce the whole hand? This may be considered doubtful. It will be recollected that no one could tell whether the placenta would be found detached. In fact, after my hand was introduced, I could not say with assurance that it was detached, it was embraced with such firmness by the uterus. Again, it is doubtful whether the motions necessary to force a finger into the placenta and extract it, could have been effected with the hand mainly without. At any rate, I am satisfied that the aid of the other fingers and thumb was very serviceable in extraction.

Ought the case to have been left to nature? This is a grave question, which will be answered differently by different persons. Some, in

view of the fact that the woman did as well as she possibly could under any circumstances, will say that the treatment pursued was the best. Others, in view of the fact that many cases, left entirely to nature, do very well, the placenta in some cases being expelled at an indefinite period, in other cases not at all, will say that the woman was subjected to great and unnecessary pain. That many cases of retention have done well, is true; that many have been followed by unpleasant and fatal consequences, is likewise true. It is also true, that a woman is always uneasy and restless until the placenta is removed. Again, it is true, that no man can say of any case of retention, whether, if left to itself, it will terminate favorably or unfavorably. The idea seems to be that if air be excluded from the placenta, putrefaction will not take place, and evil will be prevented. Granting this to be true, the same difficulty remains; no man can tell whether air will find access or not. Neither have we any means to prevent such access. Yet does it seem to me, that there is little probability of air finding its way up the vagina and into the uterus. I am therefore inclined to suspect that putrefaction is owing to some other cause.

In volume xxvi. of the *American Journal of Medical Sciences*, is a very valuable paper by Dr. E. Warren, of Boston, on retained placenta, in which, however, he insists rather strongly upon the powers of nature. That she will, in many instances, accomplish wonders, is no less true than fortunate for mankind. If we had any means of judging when she would show her power, we should know when to trust her. Our profession is, I think, too prone to exhibit successful cases to the world, and keep the unfortunate ones back.* Hence we have but little means of forming a true estimate of the number of fatal cases. It seems to me, that Dr. W. has worded one of his sentences, so as to make an erroneous impression, and that that impression is likely to do mischief. Speaking of Dr. Hunter's practice of leaving the placenta to nature, he says—"Finally, some unfavorable cases occurred, and the practice was changed." This would, I think, convey the idea to most persons, that the number of cases was small. But Dr. H. was not a man to be turned from a course, which he considered right, by trifling considerations. Again, I have seen it stated, that by pursuing his course, he lost a certain number of ladies of rank in one year. I do not now remember the number, but I do remember that I thought it was quite enough to make him pause and consider his ground.

I do not wish to convey the impression, that the placenta is to be speedily removed at all hazards. I should by no means be willing to kill a man with opium, to prevent him from dying with colic. What I advocate is, that we use all due means to remove the placenta with safety to the mother. What these means are, and when they have been used, will be differently estimated by different persons of equal respectability in the profession. As a general rule, he who is best informed as to the success of means used by others, and best qualified to

* This reflection is not applied or applicable to Dr. W., so far as I know.

judge of the powers of his patient's constitution in a given case, will be most apt to do right.

CASE VII.—Quick Labor—Hour-glass Contraction.—Mrs. P. was confined August 26th, 1840. The regular attendant being out of the place, at length I was requested to visit her. The child had been born about two hours before my arrival. Upon taking hold of the cord, and running my finger up it, I encountered an hour-glass contraction. Gave seventy-five drops of laudanum, and waited about three quarters of an hour, when I found the stricture to yield readily and permit the delivery of the placenta.

CASE VIII.—Lingering Labor—Hour-glass Contraction.—March 3d, I saw Mrs. W. in consultation with Dr. C. She had been in labor about twelve hours. The os uteri being pretty well dilated, and the pains trifling and unavailing, we concluded to give ergot. After giving three portions, the pains became more frequent, and although very short, began to produce an effect upon the progress of labor. In about an hour she was delivered of a dead child. The placenta not presenting itself in due time, Dr. C. introduced his hand, and found an hour-glass contraction. Gave half a grain of sulph. morphia, and waited half an hour. After this interval, Dr. C. again introduced his hand, and, with slight trouble, dilated the stricture and delivered the placenta.

CASE IX.—Lingering Labor—Hour-glass Contraction.—April 28, 1845, saw Mrs. E. with Dr. C. She had a lingering labor, for which it was considered necessary to give ergot. There being some delay in the expulsion of the placenta, Dr. C. introduced his hand and found an hour-glass contraction. We gave half a grain of morphia, and waited half an hour, when placenta was found at the mouth of the uterus and readily extracted.

CASE X.—Lingering Labor, with considerable Flooding at the commencement—Hour-glass Contraction.—Sept. 20th, 1847, I was called to attend Judy, a negro woman, exceedingly fleshy, in labor with her thirteenth child. The membranes were represented as having given way an hour and a half before my arrival; before and after which, there had been considerable hemorrhage. There was also some after my arrival, but it soon ceased without interference. Perhaps a pint and a half had been lost altogether. At this time, 5, P. M., the pains were trifling and at long intervals, and were said to have been in the same condition all day. The os uteri, however, was considerably dilated, but no part of the child could be felt in the common examination. At 10, the mouth was fully dilated, and the head advancing in the pelvis. At 12, the head presented at the lower strait. About this time the pains abated very much, and scarcely made any impression on the head, that little being lost at the end of the pain. Teas, &c., failing to excite contractions, at 2, A. M., ergot was given, and the child born about 3, A. M. In about half an hour, the placenta remaining beyond the reach of the finger, I placed my left hand upon the abdomen, and found, in the epigastrium, a tumor about as large as an uterus well contracted after the expulsion of the placenta, with a hard ridge extending

to the pubis. I at once suspected an hour-glass ^{stricture}; but in matters introducing my hand, found it so. I gave five ^{grains} of a settlement of dis-sulph. morphia, intending to wait an hour. At the ^{exit} ~~at my~~ [his] re-found the patient asleep; which continuing, an hour and ^a fact is the before I undertook the delivery, when I found the placenta ^{achieve} lying at the mouth of the uterus. ^{been}

Remarks.—What is the cause of the hour-glass contraction? “*Dr. Douglass, of Dublin, considers this condition as arising from some irritation near the mouth of this organ,*” and “concludes that whenever it does occur, it is produced by mismanagement.” This opinion, by having been repeated by a dozen or so of the most eminent accoucheurs, has acquired much authority; yet it is not a particle more true now, than it was when first uttered. If true, how did it happen that I found that condition in the seventh case, when I suspected nothing, and expected nothing but to bring away the placenta as after ordinary labor? How came Dr. C. to find it so in cases 8 and 9. It is true that I cannot positively assert that he committed no indiscretion upon the os uteri; but I do know that he is cautious and prudent, and therefore I am not at all disposed to believe that he did. In the 7th and 10th cases, if tightening the cord and running the finger up it to ascertain the presence or absence of the placenta at the os uteri be mismanagement, then I perpetrated it in both cases; otherwise I did not. If it was mismanagement, how are we ever to manage aright; unless indeed we trust the placenta to the powers of nature, without even attempting to ascertain what is going on?

I have heard ergot charged with producing this state. It will be observed, that in three of the four cases detailed, it was administered. But the cases in which this condition is most apt to occur, are precisely those in which we are most apt to give ergot. When, therefore, we reflect that this contraction takes place in many cases of tedious labor, where no ergot is given; and, on the other hand, it is given in many cases of tedious labor with the most beneficial results, without any untoward effects, either immediately or subsequently, we shall pause before we lay this particular evil at its door. We can say that this affection consists in an irregular, a spasmodic contraction of the fibres of the uterus; but we had as well not say upon what that spasmodic contraction depends, until we know.

Is there any particular portion of the uterus to which this action is confined? Authors would seem to confine it to the neck of the uterus; at any rate, not above the commencement of the body. In case 7th, it was but a short way above the os uteri; so little, indeed, that there could scarcely be said to be a lower chamber. In case 10th, I should place it much above the union of the body and neck. I introduced nearly the one half of my fore-arm into the vagina; so that at least my wrist and hand must have been within the uterus. There was ample room to move my hand about in the lower chamber; and with my fingers extended, I ascertained the existence of the stricture, which appeared to extend directly across the body, embracing tightly the cord and

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to the pubis. I at once suspected an hour-glass contraction, and, upon introducing my hand, found it so. I gave five eighths of a grain of sulph. morphia, intending to wait an hour. At the expiration of the time, found the patient asleep; which continuing, an hour and a half elapsed before I undertook the delivery, when I found the placenta loose, and lying at the mouth of the uterus.

Remarks.—What is the cause of the hour-glass contraction? "Dr. Douglass, of Dublin, considers this condition as arising from some irritation near the mouth of this organ," and "concludes that whenever it does occur, it is produced by mismanagement." This opinion, by having been repeated by a dozen or so of the most eminent accoucheurs, has acquired much authority; yet it is not a particle more true now, than it was when first uttered. If true, how did it happen that I found that condition in the seventh case, when I suspected nothing, and expected nothing but to bring away the placenta as after ordinary labor? How came Dr. C. to find it so in cases 8 and 9. It is true that I cannot positively assert that he committed no indiscretion upon the os uteri; but I do know that he is cautious and prudent, and therefore I am not at all disposed to believe that he did. In the 7th and 10th cases, if tightening the cord and running the finger up it to ascertain the presence or absence of the placenta at the os uteri be mismanagement, then I perpetrated it in both cases; otherwise I did not. If it was mismanagement, how are we ever to manage aright; unless indeed we trust the placenta to the powers of nature, without even attempting to ascertain what is going on?

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Is there any particular portion of the uterus to which this action is confined? Authors would seem to confine it to the neck of the uterus; at any rate, not above the commencement of the body. In case 7th, it was but a short way above the os uteri; so little, indeed, that there could scarcely be said to be a lower chamber. In case 10th, I should place it much above the union of the body and neck. I introduced nearly the one half of my fore-arm into the vagina; so that at least my wrist and hand must have been within the uterus. There was ample room to move my hand about in the lower chamber; and with my fingers extended, I ascertained the existence of the stricture, which appeared to extend directly across the body, embracing tightly the cord and

a small portion of the placenta. Could a contraction of the lower portion of the body afford such room in the lower chamber? I apprehend not. I did not introduce my hand in either the 8th or 9th case; but from Dr. C.'s account, I consider them as very parallel to the 10th. He indeed is disposed to locate the stricture very close to the fundus.

I do not know that any writer or teacher advocates the use of opium in this affection; and yet it is one in which we should expect it to be beneficial. If there was a spasmodic contraction of any other muscle, opium is the very thing which would present itself to my mind. Again, so far as my experience goes, the parts concerned are exceedingly tender; so much so, that the bare examination necessary to ascertain the existence of the contraction, inflicts much suffering. What torture a woman must suffer, who undergoes the dilatation of parts so excessively irritable, without a previous anodyne, no man can tell, even after witnessing the operation. On the other hand, in two of the four cases, when the attempt to remove the placenta was about to be made, the placenta was found lying loose at the mouth of the uterus. Is there fear that an anodyne will prevent the tonic contraction of the uterus? This last is much more apt to take place when the irregular contraction is removed, than during its continuance. In none of the cases was there any hemorrhage either before or after the administration of the ergot; neither was there any bad effect whatever from its use. If, then, the use of opium is safe as a means of facilitating the dilatation of the stricture, or of preventing altogether the necessity of the operation, performing this operation without a previous anodyne must be considered downright cruelty.

Whether the placenta was attached in any one instance when the anodyne was administered, or not, of course is not known.

DR. CASTLE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—It never was my design to hold a controversy with Dr. Castle. That person saw fit, without the smallest provocation, to publish certain misrepresentations, which it was necessary to contradict. These I contradicted, and he has not reiterated them. The necessity for noticing him no longer exists, and I leave him to pursue his own course, and to find in it whatever of emolument and happiness he may. The matter of his last letter needs little commentary. Your readers are intelligent men. If, as he says, my communication has caused him "to think much of the hangman," I trust that his reflections have been penitential and profitable, and that he will hereafter permit the "soldiers" to monopolize the "unconstitutional mode of depriving men of their lives."

The certificate given by Dr. James A. Houston is not sufficient to establish the "authenticity" of Dr. Castle's cases. Dr. Houston, if I am correctly informed, is a very good stenographer, and I expect to

rely with entire safety upon his Congressional reports ; but in matters involving professional judgment, it is not sufficient for the settlement of disputes that the statements in question were published "*at my [his] request.*" If idiocy has been cured by extracting teeth, the fact is the most extraordinary one yet recorded in the annals of medical achievement, and the profession will receive it as true when it shall have been satisfactorily proved, and not until then. That Dr. Houston was "cognizant" of it may be very satisfactory to himself ; but without intending to undervalue his testimony, it is not to be expected that his simple averment will prove anything more than that he believes the statement. *Credat Judeus, non ego.*

In one respect, Dr. Houston is right. "Dr. Castle is known too well in this vicinity [New York] to be injured by" anything I have written. His cases are very familiar to the public of that city, and had your Journal circulated only there, I would not have troubled you with any notice of them.

Dr. Houston supposes that I wrote in "a very irritable state of mind." He is mistaken. Neither Dr. Castle nor his friend Dr. Houston can excite me to "a paroxysm of passion" ; but neither shall deter me from exposing falsehood whenever and wherever I may see proper to do so. Because I did not think it necessary to affix my professional designation to my signature, Dr. Castle supposes I have a great contempt for titles, and for this reason, I suppose, he bestows upon me one which I have no right to bear. I am no dentist, and, like Dr. Castle, I have never been honored by the degree of Doctor of Dental Surgery. Probably he and I were passed over for the same reason—that neither of us deserved it. As to the titles I have a right to claim, I do not find it necessary to use them very frequently. I flatter myself that I can make my profession known without this direct assumption. With Dr. Castle the case is different, and he acts accordingly. Upon the ordinary principle which determines value, his title may be more precious than mine. It was not so easily procured. Dr. Houston has also neglected to sign himself *M.D.* Nevertheless I will not copy his discourtesy, and write him *Mr.* Houston. Really, if he supposed that I could be wounded by such a paltry thing as this, his intellect cannot be much superior to Dr. Castle's.

In my former letter I declared that Dr. Castle knew nothing of the institution he so diligently libelled. His communications show that his knowledge of it extends no further than the names of the Faculty. He has not even learned the name by which the College is incorporated, for he miscalls it four times in the only four instances in which he quotes it in his last letter. In fact, these gross attacks upon the school are only a part of the musquito war which it pleases Dr. Castle to wage against a most amiable and highly distinguished gentleman in New York, whose name he indecently parades in his last letter. Dr. Parmlly happened to have received and to appreciate an honorary degree from the College in question ; and therefore Dr. Castle vilified it. From the high posi-

tion which Dr. Parmly has so honorably won, he may well look down with pity upon the insane efforts of the viper to bite the file.

I called for the information upon which Dr. Castle dared to base his charge of fraud against men of whose fair fame he was the first assailant. His reply is perfectly characteristic of the man, and plainly declarative of his feelings and habits. It seems that he formed his bad opinion of the College from the fact that "it does not even pay; the great test, after all, with colleges." Had it paid, all would have been right, for this is Dr. Castle's *test*. Whatever procures money, is good; whatever furnishes much money, is better; and what makes rich, is best of all. If this be the test, Dr. Castle does well to "keep aloof" from dental colleges. More money may be made by publishing cases and filling teeth with amalgams. But other men recognize other "tests," and it is well for the world that they do. It may, however, calm Dr. C.'s "fear," and cause him to think materially better of the College, to assure him that things are not quite so bad in this respect as he has supposed.

A man in temper much the same as Dr. C., backed by friends quite as available as his, scoffed bitterly when the walls of Jerusalem were founded. He cried, "What do these feeble Jews? Will they fortify themselves?" Nay, said his next friend, "If a fox go up, he shall even break down their stone wall." Nevertheless, that wall remained long after Sanballat and Tobiah were forgotten; and I can assure Dr. Castle that our work is secure against either the wiles of a fox or the heels of an ass.

Before I conclude, it is necessary to expose another palpable untruth which Dr. Castle has published in his last letter. It is utterly false that the College in solemn conclave expelled "Sir Samuel Cartwright, Brewster and others." The statement is a fabrication from beginning to end. No such "conclave" was ever held; no such act was ever done. Will Dr. Houston yet endorse Dr. Castle's veracity? Is it not strange that Dr. C. could not abstain from so gross a misstatement, even in a letter published for the purpose of vindicating his truth? Truly habit is second nature.

Perhaps Dr. C. will tell us that this scandalous untruth is only to be regarded as another display of "playful humor." His ideas of play and humor seem peculiar. He may yet learn that uncouth and indecorous gambols are not always safe. The fable tells him that a long-eared animal who essayed, in a fit of "playful humor," to leap upon his master, was cudgelled instead of being caressed.

To your readers permit me to say a few words. They will readily believe that if Dr. C. had known or could have procured information of anything discreditable to the College, he would not have concealed it. Had the Faculty been men of uncertain morals, or without professional character; had they been incompetent to their duty, or unprovided with means to make their personal efforts effective; had the College system been badly devised; in short, had the institution been in any way unworthy of the public confidence, Dr. C. would certainly have

given the facts. His lack of reasonable censure is more valuable than praise from a friend. The only charge he now makes is that the College is not organized upon a "liberal basis." He does not tell us what he means, but it is evident that he would think any plan "illiberal" which did not make provision for himself. To accommodate him, would demand not liberality, but universalism; and I fear that Dr. Castle is doomed forever to "keep aloof" from dental colleges.

With many thanks for your indulgence, I now take leave of Dr. Castle.

THOS. E. BOND, JR.

Baltimore, Nov. 8, 1847.

"THE PRESENT STATE OF MEDICAL SCIENCE."

[Communicated for the Boston Medical and Surgical Journal.]

"WHO is James K. Polk?" was the very discourteous interrogatory in times that we wot of. "The eleventh President of the United States," was the prompt and triumphant reply. And who is Woodbridge Strong? With equal promptitude we are happy to answer—he is the original discoverer of the "method"—the inventor of the "ploughshare," which is to "uproot" the whole system of medicine, from Hippocrates to Hahnemann. If the Boston Society for Medical Improvement "will do him honor—well; if not, let it kill the next Percy itself."

Seriously—our position is deplorable. We grope in dusky "labyrinths"—in "regions of shadow and mist," and vainly "fish for hidden truths"; and yet we are tantalized, and dazzled, and blinded by the terrible swoop of the meteor—the "method"; and no clue is given, no friendly hand is extended, to lead us from our murky caverns to the light of day, in which Woodbridge Strong is so joyously exulting.

And more *seriously* still—the Society for Medical Improvement, and the Medical and Surgical Journal, should be more considerate. The *confines* of medicine are occupied by an honest, and plodding, though somewhat incredulous phalanx. We navigate *shallows*; and when Jupiter flings a log, let him drop it gently, lest the splash of the turbid waters should blind us to the *kingly* claims of the benefaction.

"He that would convince me of error in *this thing*, must first have gone through a course of observation, such as I have been through." *What thing?* That "the books of medicine"—"the best of them"—(and though he says he speaks of therapeutics, yet he makes no salvo that can include others), "are but records of superficial views of disease"—"deductions as superficial"—"mere vague conjectures." Really—it is a terrible blast, for a little trumpet. And as a substitute for all this, the "method" directs us to *diagnose* the condition of *all* the organs, both solid and hollow—because, forsooth, it is not enough to diagnose the name of a disease! "This is his journey's end; and here his butt; the very sea-mark of his utmost sail"!

But all this is "preliminary." His especial theme is typhus—and the especial crotchet which labors to protrude itself from the "method's" brain, is, that purgation is the great antidote to typhus; and the especial conceit that perfects the "method" in all that is supremely ridiculous, is the notion that itself may monopolize, *jure divino*, the honor (if honor it be) of holding such doctrine; maugre the claims of "the books of medicine—the best of them," to say nothing of sundry claimants that reside here on the confines.

I do not complain that the "paper" smacks of egotism. Heaven forefend the poor wight that flings the first stone in that direction. Heaven defend us, also, from the folly of supposing our own puny arm sufficient to arrest the laws of nature, to say nothing of the fiat of Him who controls them, as they are often, and ever will be, exhibited in disease. Does not all experience prove that every *boaster* of success in medicine, has ultimately turned out to be either a villain, a madman or a fool?—not unfrequently, all three united. Will the Society for Medical Improvement believe that a physician in *full practice* (his manner justifies the inference), in a great city, should, for ten long years, encounter no case of *grave* typhus (except such as became so under the treatment of others, and of which he washes his hands), and that he should have lost not a single case (of typhus) in all this time?

The doctor "does not recommend a method of *practice* suited to all"—but he does speak of a method of *diagnosing*, which shall prove a philosopher's stone, to turn all our darkness into light; and that shall give us the entire mastery (such, I apprehend, is no unfair inference) of disease. But in all candor, does this diagnosing project imply anything more than every intelligent physician always attempts?—anything further than is enjoined in the "books" he so superciliously and uncereemoniously adjudges to be "worthless"? And has he thrown any light upon the mystery of his own peculiar "method"—or given us the slightest clue, by which we can so much as *nose* his *diag.*?

We are a feeble folk—we of the confines—and we need more light from the Society for Medical Improvement, or from the Medical and Surgical Journal—or, better yet, from the Ploughshare itself.

St. Albans, Vt., Nov. 9th, 1847.

J. L. CHANDLER.

ON THE TIME REQUIRED TO PRODUCE DEATH BY A FATAL DOSE OF MEDICINAL HYDROCYANIC ACID.

By S. C. Sewall, M.D., Lecturer on Materia Medica, University M'Gill College, &c.

My attention has been attracted to this subject in consequence of a fatal case having occurred in my practice lately. A *resumé* of the history of some of the more remarkable instances of fatal, and nearly fatal, cases on record, will be necessary to elucidate the interest attached to this point. In the case of the seven Paris epileptics (1828), where a very concentrated acid was used (the half-ounce potion contained 18½

grs. pure acid), some lingered as long as twelve minutes before life was entirely extinct; but the first who swallowed it was dead in three minutes. The first time that the life of a prisoner depended upon a solution of the question under consideration, occurred at the Lancaster Assizes, held in April, 1829, when Freeman, an apothecary's apprentice, was arraigned for the murder of Judith Burwell, his master's servant. She was pregnant by him, and was found one morning dead in her bed. An ounce phial containing three drachms of prussic acid, corked, and wrapped in paper, was found alongside of her. The body was in a composed position, the arms folded over the trunk, and the bed-clothes drawn smoothly up to the chin. Had the deceased time to perform all these actions after drinking the poison out the narrow-necked phial? Messrs. Macauley, Paget and others, in consequence of experiments performed on the lower animals, decided in the negative. Dr. Christison, in the first edition of his work on Poisons, said that his experiments accorded with theirs; but, in the second, that it was probable that prussic acid frequently took a longer time to act than was generally supposed, and that the probability in this case was that it had done so, and that it had been taken voluntarily by the deceased, because the prisoner had to pass through the room in which his master and mistress slept, to gain access to the girl's room, and must have opened and shut three doors without noise. My opinion is, that she took it voluntarily to produce abortion, for which she had made preparations the night before, and that, if Freeman had anything to do with it, he provided her, for his own purposes, with the poison, telling her that it would cause miscarriage. Mrs. Latten died in twelve minutes from taking a drachm and a half of medicinal acid. In Dr. Geoghegan's case, the patient took two drachms of prussic acid (Dub. Pharm.) and experienced no effect for *two minutes*. He subsequently fell into violent convulsions, and was saved by applying sesquicarbonate of ammonia to the nostrils. In the July number of the London Medical Gazette, is quoted Mr. Godfrey's case of "a man 44 years of age, who, after taking half an ounce of Scheele's acid, walked ten paces to the head of the stairs, descended the steps, seventeen in number, and then proceeded, rather quickly, to a druggist's shop, forty-five paces distant, where he had procured the acid, entering the shop in his usual slow and easy manner, and asking for 'more of that prussic acid,' before he became evidently affected by the poison which he had swallowed. In this instance, at least *five minutes* must have elapsed from the time of swallowing the poison before death took place." This case is quoted as introductory to the report of a coroner's inquest, which took place at Worcester on the body of Mr. Benjamin Shepherd. The substance is as follows:—Mr. S. went into Mr. Stringer's (druggist) shop, and purchased 3 ij. "prussic acid, Scheele's strength, and, asking if any one was in the back room, and being answered in the negative, walked in there, saying to the druggist, 'I want a word with you.' Stringer followed him within *two minutes*, and found him sitting on the sofa, and the phial of prussic acid empty on the table before him. Stringer said, 'Good God, Shepherd, you have not been taking that?' Deceased re-

plied, smiling, 'No, no, it is all right—take no notice—give me your hand, old fellow.' Witness went up to him, and the deceased added, 'God bless you—it's all right—take no notice.' Witness went for Mr. Griffith, surgeon, but, not finding him, returned with Mr. Pierpoint, who, with witness, tried to administer *ammonia as an antidote* to the prussic acid, and a futile attempt was made to produce vomiting. The stomach pump was sent for, but arrived after death had taken place. Before leaving this case, I must comment upon the means employed to save Mr. Shepherd. Mr. Pierpoint and Mr. Stringer should have known that, by administering ammonia, they would have formed the hydrocyanate of ammonia, nearly, if not quite, as energetic a poison as the prussic acid; and that ammonia or the sesquicarbonate applied to the nostrils, acts usefully by stimulating the nervous system, and the heart's action, until the poison has exhausted its violence, and not as an antidote. Secondly, attending on vomiting, and the stomach pump was doubly useless, inasmuch, as had they evacuated the stomach they would have been no nearer saving their patient, and they thereby lost precious time which might have been employed in using more efficacious means. As an antidote, a solution of the sulphate of iron, or a dilution of the tr. fer. mur. would have been as effectual as an antidote can be in a case of poisoning by this acid. The application of chlorine water or sesquicarb. ammonia to the nostrils, and cold affusion to the spine, would have comprised all that is known to be of value in the treatment of such unfortunate cases.

My patient had been for a long time hypochondriacal, and had frequently threatened to destroy himself. During the day of the fatal event, he repeatedly told his relations that he would be dead by nine that night; but, as he had frequently said the same thing, no attention was paid to it. At 6 in the evening he purchased an ounce phial of prussic acid, Scheele's strength, and, on his road home, showed it to several persons, saying he would soon be dead, and invited them to his funeral. At 7 in the evening he took leave of his friends in a gay, smiling manner, and going up to his room, sent for Mrs. ———, showed her the poison, and said that he would be dead in two minutes. She snatched at the phial, but he drew it playfully away, turned her out of the room, and *locked* the door. She, thinking that he was jesting, as he had frequently done the same thing before, went to her own house, next door, which communicated through the yards. About a minute after, he unlocked the door and cried out, "Come to me quick, I am dying." A relative, very much alarmed, called to the servant man in the yard, who ran up stairs and found him lying on his back on the sofa, with his legs crossed, insensible, and snoring. In a few minutes Mrs. ——— arrived, and found him in the same state. I arrived there in twenty minutes. He was then dead, and presented the appearance of profound slumber; the legs crossed, the arms by his sides, and eyelids firmly closed. I applied liq. am. fortissim. (a strength made for portability by manufacturing chemists) to the nostrils, and cold affusion to the occiput and spine. I considered him dead, but employed the remedies in the event of a pos-

sibility of there being some remaining sparks of life. The eyes were much more brilliant than during his life, and continued so the next day; the face was livid, and lips very blue; the muscles were all flaccid, and exhibited no tonic, except a little in the legs at the end of twenty hours. No section was permitted. The phial, containing a drachm of prussic acid, was on the table, ten feet from the sofa, with a wine-glass upset and broken alongside, done by the deceased in the hurry of putting it on the table. After having employed my remedies, I applied my nose to the deceased's mouth, but could detect no smell of prussic acid. The remaining acid was thrown out by the servant, so that I could not ascertain its strength; but I feel certain that it was acid of the strength of over three per cent. which is the usual strength of medicinal acid imported into this country; and, since the use of ground-glass stoppered phials to put it up in, it always reaches here unimpaired in quality. In the present case, seven drachms of medicinal acid, containing about twenty-one grains of pure acid, were swallowed. The friends think about a minute elapsed before he unlocked the door; but more must have passed, because Mrs. ——— had time to go to her own house and busy herself in household affairs, before the alarm was given. It is probable that he did not give the alarm until he found the acid working on him; at any rate, he walked from the table to the door, and unlocked it after taking the poison, called for assistance, and, then walking to the sofa, stretched himself on it. *He had no convulsions.* Previous to the occurrence of the above cases, it has been held that, where prussic acid causes death slowly, convulsions come on after a notable interval, and, where it acts speedily, no convulsions ensue, but death follows with such rapidity as to allow of none but the *simplest* actions, and those performed with rapidity. From a review of the two cases extracted from the London Medical Gazette, we must allow the truth of the following inferences as to the action of hydrocyanic acid, on the human body:—

1st. Hydrocyanic acid is modified in its operation on the human frame, both as to time and phenomena, by the idiosyncrasy of the individual.

2dly. That it *not unfrequently* is slow in manifesting its poisonous influence, allowing time for the performance of various complicated actions, and yet may destroy life without producing convulsions.

3dly. That Judith Burwell could have performed the various actions attributed to her after swallowing the prussic acid, and have been found in the position stated by the witnesses in the trial of Freeman.—*British American Journal of Medical and Physical Science.*

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, NOVEMBER 17, 1847.

Medical Books for Liberia.—Readers of the Journal are respectfully referred to the following letter to the editor, from the Secretary of the Massachusetts Colonization Society. If any claims based on benevolent motives, are worthy the attention of the medical profession, this is certainly one of them. Of the methods adopted by missionaries to pagan lands, of gaining the confidence of the inhabitants, one of the best is to administer medicine, and relieve physical affliction. Moral and religious instruction naturally follows, and thus the seeds are sown, which will germinate in any soil.

Rapid advances in civilization and christianity have been made in Liberia, under the parental guidance of the Colonization Society of the United States. Territory has been purchased, towns have grown into commercial importance, the rich but jungled territories have been brought under cultivation, and agriculture, the highest and noblest employment, by which nations are sustained, is conducted on the most approved and profitable system. Courts of justice are organized, schools established, and the domestic arts are nowhere more generally appreciated, than in that redeemed portion of a vast continent, whose interior is *terra incognita*, and whose inhabitants have been oppressed in an extraordinary manner, even by one another on their own soil, from a remote antiquity. With the flood of light now dawning upon a section of the coast of down-trodden Africa, the more permanent establishment of the sciences, especially that of medicine, and its associate branches, is felt to be of great importance. The Colonization Society long since discovered that the services of educated physicians were absolutely necessary in the Colony, and gentlemen of liberal attainments have, from one period to another, been sent there at the expense of the association. Dr. Lugenbell, who has enjoyed the confidence of the managers and local government, is about returning to America, with his library, to be succeeded by colored physicians, by whom medical books, plates, instruments, pamphlets, &c., will be very much needed. Those who are disposed to contribute to this desirable object, are urgently requested to send, of their bibliographical abundance, whatever they may choose, to the office of the Massachusetts Colonization Society, 3d story of Joy's Building, Washington street, in Boston; or, in Philadelphia, to the office of the Pennsylvania Colonization Society. The following is the letter alluded to:—

Colonization Office, Boston, Nov. 9, 1847.

DEAR SIR,—When Dr. J. W. Lugenbeel, whose name is known to you, went out to Liberia as Colonial Physician, he received instructions to take several of the young men of that Commonwealth as students and give them a regular medical education; and for this purpose, his own term of service was fixed at three years, which will soon expire. One of his students, a brother of Gov. Roberts, graduates at Pittsfield this

week, and will sail for Liberia early in January next. Another is now at Pittsfield, and will complete his course of study without interruption. Dr. Lugenbeel will soon return; and, warned by sad experience, we do not intend to expose another white physician to the dangers of that climate. We intend that the physicians whom he has educated, shall educate others, and that thus the science of medicine shall become naturalized in Africa. For this purpose, medical books are indispensable; and as Dr. Lugenbeel will bring home his private library when he returns, other books must be procured and sent out.

It has occurred to us that the members of the profession in Boston may be willing to supply this want, by donations of books, or of the means of purchasing. They will know better than we, what books, and how many are desirable, and what and how many are indispensable. Duplicates of important works will be very convenient.

The books, unless some other provision should be made for the ownership, will be the property of the Society, to be kept as a medical library, for the use of students in such seminary or under such private instruction as may from time to time be in operation; and also, to be consulted occasionally by practising physicians.

In this enterprise, your advice, and if any thing can be done, your assistance, is solicited, in behalf of the Society and of medical science in Africa,
Yours, very truly, JOSEPH TRACY.

P. S.—We should be glad to send out books in January, with Dr. Roberts; but such as cannot be ready in season, may be sent in the Spring.

Increase of Hydropathic Hospitals.—It seems impossible that all the water-curing establishments now in action, and those in a state of forwardness, should have sufficient pecuniary sustenance to keep them in existence. Gentlemen of property embark their capital in them, as they would take stock in a railroad, for the sake of the large expected dividends, not caring a fig for the patients beyond their ability to pay the tariff of charges for being watered inside and out. If there were not more than three in New England, there would be a good prospect of having custom enough to make the business profitable; but under the present aspect of affairs, some of them must apparently terminate in heavy losses to the proprietors. The same furor that pervades the north, in regard to the doctrine of hydropathy, is beginning to be felt at the south. At Green Spring, near Baltimore, the machinery appears to be in motion for valetudinarians; and the principal individual in the management, Dr. Bode, has an advantage over all his predecessors in the United States, so far as making a favorable impression is at all important. He advertises himself as having been the pupil of Priessnitz, of Gräfenburg, and therefore the Green Spring Institute will for a time be an immense favorite, on account of the superintendent's former connection with the fountain of hydropathical knowledge in Germany. To such kinds of alluring affixes, the owners of these rival concerns will unquestionably resort, to sustain their waning investments.

Magnetized Gold and Tonic Pills.—Human ingenuity is equal to the demands of unsatisfied ignorance in the matter of medicine. On looking

over the catalogue of nostrums which have been in repute within half a dozen years, together with those now enjoying a full measure of popularity, it would seem almost impossible to edge a new quack article into an already overstocked New England market. But the ever-craving appetite of that great multitude of unreflecting men and women, who are always ready to swallow down impositions under the potent name of medicine, is scarcely satisfied with the variety offered for their acceptance; and it is a lamentable truth that the patent medicine disease is extending, and the cunning manufacturers of depopulating compounds are glorying in the success of their thousand and one devices to physic the nation. At this juncture of affairs in the system of wholesale humbuggery, one Gridley, of Southampton, Mass., has marched boldly into the arena with a new pill—the mightiest of all. Already, the lame, the halt and the blind, begin to cry for them, as the proprietor says of the worm lozenges—yes, they will sell, because there is magic in the idea of a *golden pill*. Then they are so perfectly safe, too, that box upon box may be taken with impunity, thus prolonging the pleasure indefinitely. Under the schedule of directions, we read that “*An adult may take one of the gold pills after breakfast and another after supper, for fifty days.*” What an obvious improvement over the antiquated plan of a dose once or twice a week! In a circular addressed to physicians, one of which is before us, are the following statements. “The base of the gold pill is chloride of gold, iodine and chlorine, exalted nearly one hundred fold by galvanic forces. They are so powerfully magnetic that they generally quiet the nervous system, and in all susceptible persons produce more or less inclination to sleep, of the most pleasant and refreshing kind. They excite the organs of generation, are a cure of sterility, arouse the system generally, permanently and safely.” This quotation explains the abomination that lurks under the guise of a golden pill. Before condemning the British government for winking at the violation of a wholesome, righteous law of China, against the habitual consumption of opium by the people, we had better look into the manner of feeding the ignorant martyrs to imaginary maladies with that seductive drug at home. If morality is not absolutely put to the blush by the insinuation in regard to the specific effects of the “golden pills” on the procreative apparatus, it is enough to make one ashamed of a state of society that tolerates these brazen-faced inroads upon decency.

Voluntary Loss of Muscular Action.—From the Christian Reflector, we extract the annexed account of the long disuse of one of the limbs of the human body. Many similar facts are on record, illustrative of physical endurance, and of the force of customs based on false views of religious duty:—

“It may seem incredible, but it is undoubtedly true, that there now exists at the Marmandilla Fank, in the middle of the city and island of Bombay, British India, a human being who has inhabited a summer-house, and held, on the palm of his left hand, a heavy flower-pot for twenty-one years without intermission. The narrator of this circumstance actually saw the hermit (for such he is called). The arm is completely sinew-bound and shrivelled, the nails of his fingers are nine inches long, and curved like the talons of a bird. His beard nearly reaches to the ground, when standing erect.

"While sitting, the man rests his elbow on his knee, and when walking he supports it with the other hand. His countenance indicates intelligence, and he once had very extensive possessions. All he now possesses is a few rags round the middle of his body, and a servant who is allowed to attend to his immediate wants, the pecuniary part of which is supplied by visitors.

"Twenty-one years ago he lost caste by eating mutton! an indulgence in totally forbidden food, and was consequently condemned to hold, for 30 years, a large flower-pot filled with earth, in which grows a sacred plant. To lose caste, and not be able to take it up again, according to the superstitions of these deluded idolaters, is to incur the penalty of everlasting misery in a future state. What an example does this poor deluded creature afford of perseverance, zeal, courage and devotion, worthy even of the highest cause. If he live to redeem his caste, most likely he will hereafter be set apart to be worshipped as a god."

Acid Nitrate of Mercury.—Dr. Neligan gives the following as the formula for the preparation of this new and useful application:—Take of pure mercury, 100 parts; commercial nitric acid (density about 1380), 200 parts; dissolve the mercury in the acid with the aid of heat, and evaporate the solution until it is reduced to 225 parts.—*St. Louis Medical and Surgical Journal.*

Medical Miscellany.—In September there were said to be at Havana 59 cases of yellow fever—not one of which terminated fatally. In the same time in 1846 there were 808 cases, and only 43 deaths.—The building for the Smithsonian Institute is represented to be slowly going up at Washington—a superb and massive structure, that will cost twice as much money as was appropriated.—Yellow fever is still taking off victims at Vera Cruz.—The cholera, in travelling east and west in Russia, is unusually tardy. It is stated, in an official report of the Russian Academy, that, upon an average, every fourth person attacked, dies.—Dr. Southwood Smith, of London, and other gentlemen of the sanitary committee, were recently engaged in examining witnesses in regard to the localities where the cholera was most prevalent in 1832.

TO CORRESPONDENTS.—Dr. Tabor's paper on Tobacco, and Dr. Castle's on the Teeth, have been received.—We shall endeavor to comply with the request of our friend in Sterling, Ill.

DIED.—At Rockingham, N. H., Noah Pratt, M.D., 64.—Dr. John Hubble, of Van Buren Co., Miss., was murdered in the early part of last month. He was engaged in the duty of family worship, when he was shot by some person through the window, and instantly expired.—In Liverpool, Eng., A. Hardwick, M.D., 39.—At Bloomington, Iowa, Dr. Geo. W. Fitch, formerly of Hudson, N. Y., 50.—In Dedham, Mass., Dr. Jesse Wheaton, 84.—At Hadley, Mass., Dr. William Porter, 64.

Report of Deaths in Boston—for the week ending Nov. 13th, 87.—Males, 46—females, 41.—Stillborn, 2. Of consumption, 20—typhus fever, 13—disease of the bowels, 5—dysentery, 4—accidental, 10—brain fever, 1—lung fever, 3—pleurisy, 2—croup, 7—old age, 2—scarlet fever, 1—hemorrhage, 1—teething, 1—marasmus, 2—bronchitis, 1—quinsy, 1—disease of the heart, 1—hooping cough, 1—debility, 1—diabetes, 1—child-bed, 1—inflammation of the brain, 1—diarrhoea, 2—disease of the glands, 1—delirium tremens, 1—apoplexy, 1—dropsey, 1—infantile, 1.

Under 5 years, 21—between 5 and 20 years, 11—between 20 and 40 years, 37—between 40 and 60 years, 13—over 60 years, 5.

A New Method of bringing on Premature Delivery.—The German journals contain the account of a new method of inducing premature labor, where required, as practised by M. Cohen, of Hamburg. That physician has been led to employ the subjoined method from noticing the power of injections into the uterus, in developing contractions of that organ; and as the pregnant uterus is in a condition apt to contract, he thought injections might be efficaciously used, and that without danger, to bring on delivery, in those cases where it is necessary the fœtus should be expelled before the full term of pregnancy.

In the carrying out of his plan, M. Cohen has used a common small syringe, holding from one ounce and a half to two ounces of liquid, and furnished with a canula eight or nine inches in diameter at its extremity, and curved like a female catheter. The patient is placed on her back, and the pelvis slightly raised. Two fingers are then passed into the vagina as far as the posterior lip of the uterus, in order to guide the canula, which is introduced between the anterior wall of the uterus and the ovum. The free extremity of the syringe is now lowered so as to allow the canula to glide under the pubic arch until it penetrates about two inches into the uterus, and at this point the injection is begun. The fluid is injected slowly and gently, taking care so to raise the syringe that the extremity of the canula may not abut against the wall of the uterus, and to vary its direction whenever any obstacle occurs to the escape of the liquid; the syringe is also withdrawn by degrees. Ten minutes afterwards, the woman may get up and walk about. If at the end of six hours there is no sign of approaching labour, the operation may be repeated.

Dr. Cohen has used for injection tar-water, which fluid he has also employed to diminish excessive secretion from the uterine surface. The author gives a case in which he resorted to this plan of injecting with success. It was one of contracted pelvis—contracted in all its diameters, and hardly equal in size to that of a young girl twelve years old. This woman's first delivery was accomplished by craniotomy and the forceps; and M. Cohen advised, in the case of a second pregnancy, to induce premature labor, which was accordingly done by him, when the woman was the next time with child, according to the preceding plan, and after two injections were performed, at an interval of six hours. The child was born footling, and survived; and the mother had a very favorable convalescence.

The preceding plan appears to possess the advantage of inducing labor so gradually as to allow of the dilatation of the os uteri before the bursting of the membranes, and the forcing against it of the harder presenting part. Most of the methods now employed to bring on labor are apt to cause very sudden and violent contractions, with the almost immediate rupture of the membranes, which is a disadvantage; and therefore, if no objection seem to attach to the proceeding of M. Cohen, it would be preferable. It has this disadvantage, that it is not so simple of execution as the mere introduction of a catheter to rupture the membranes, or to separate them from the walls of the uterus.

Just published, in London, *Lectures on the Nature and Treatment of Deformities*, delivered at the Royal Orthopædic Hospital, Bloomsbury square. By R. W. Tamplin, F.R.C.S.E., Surgeon to the Hospital.